ATTORNEY DOCKET NO. 200300442-1

## IN THE U.S. PATENT AND TRADEMARK OFFICE Patent Application Transmittal Letter

Commiss PO Box 1	Patent Application ioner for Patents 1450 ia, VA 22313-14						
Sir: Transmit	ted herewith for fi	iling under 37 CFR	1.53(b) is a(n): 0	() Utility ( )	Design		: £ ~
	(X) original pat				nt applicati	ion,	S. P.
	( ) continuatio				• •		250
INVENTOR(S): Charles V. Fernandez							16834 U.S. P.TO 10/681848
TITLE: Ink/Toner Cartridge Compensation For Uneven Ink/Toner Usage							
(X) <u>5</u>	Declaration and I		. (X) signed Information Discl	( ) Associat osure Statemen	e Power o	of Attorney	
	CLAIMS AS FILED BY OTHER THAN A SMALL ENTITY						
	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) TOTALS		
	TOTAL CLAIMS	22 — 20	2	X \$18	\$	36	
	INDEPENDENT CLAIMS	5 — 3	2	X \$86	\$	172	
	ANY MULTIPLE DEPENDENT CLAIMS	0		\$290	\$	0	]
	BASIC FEE: Design ( \$340.00 ); Utility (\$770.00 )				\$	770	
	TOTAL FILING FEE				\$	978	]
	OTHER FEES				\$		
	TOTAL CHARGES TO DEPOSIT ACCOUNT				\$	978	
Charge		o Deposit Accou					

Charge \$ 978 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

"Express Mail" label no. EV079778390US

Date of Deposit Oct. 8, 2003

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, Alexandria, VA 22313 1450.

Typed Name: Terri Walker

Respectfully submitted,

Charles V. Fernandez

'Y \_\_\_\_\_

James R. McDaniel

Attorney/Agent for Applicant(s)

Reg. No. 34,481

Date: Oct. 8, 2003

Telephone No.: 208 396 4095